



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications (June 28, 1994 through July 12, 1994)

MEETING DATE: July 20, 1994

PREPARED BY: City Clerk

RECOMMENDED ACTION: No action - information only.

BACKGROUND INFORMATION:

Copies of applications for Alcoholic Beverage Control License have been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Evelyn K. and Kenneth J. Schmollinger, Capri Pizzeria, 606 West Lockeford Street, Lodi, On Sale Beer and Wine Eating Place.
- b) Jayne Lee and James A. Waters, Freeway Shell, 880 East Victor Road, Lodi, Person to Person Transfer.

606 West Lockeford Street is a C-1, Neighborhood Commercial zone. 880 East Victor Road is a M-2, Heavy Industrial zone. These are appropriate zonings for these types of Alcoholic Beverage Control licenses.

FUNDING: None required.

Jacqueline J. Taylor
for Jennifer M. Perrin
City Clerk

JMP

Attachments

APPROVED _____

THOMAS A. PETERSON
City Manager



recycled paper



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FUNDING: None required.

Jennifer M. Perrin
for Jennifer M. Perrin
City Clerk

JMP

Attachments

APPROVED _____

THOMAS A. PETERSON
City Manager



COPY

Do not detach—Retain all copies

Do Not Write Above This Line—For Headquarters Office Only

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)		1. TYPE(S) OF LICENSE(S)	FILE NO.	
To: Department of Alcoholic Beverage Control 1901 Broadway Sacramento, Calif. 95818 Stockton (DISTRICT SERVING LOCATION)		RECEIVED On Sale Beer & Wine Eating JUN 10 AM 10:36 JENNIFER M. PERDUE CLERK	RECEIPT NO. 102199 GEOGRAPHICAL CODE 3902 Date Issued Temp. Permit	
The undersigned hereby applies for licenses described as follows:		Applied under Sec. 24044 <input type="checkbox"/> Effective Date: Issuance	Effective Date:	
2. NAME(S) OF APPLICANT(S)		3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
SCHMOLLINGER, Evelyn K.		Original Application	\$ 300.00	41
SCHMOLLINGER, Kenneth J.		Renewal Fee	205.00	
4. Name of Business Capri Pizzeria				
5. Location of Business—Number and Street 606 W. Lockeford Street				
City and Zip Code Lodi, CA 95242		County San Joaquin	TOTAL \$ 505.00	
6. If Premises Licensed, Show Type of License 41		7. Are Premises Inside City Limits? Yes		
8. Mailing Address (if different from 5)—Number and Street 1812 Amberleaf Way, Lodi, CA 95242		(Temp) (Perm) Perm		
9. Have you ever been convicted of a felony? No		10. Have you ever violated any of the provisions of the Alcoholic Beverage Control Act or regulations of the Department pertaining to the Act? No		
11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.				
12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.				
13. STATE OF CALIFORNIA		County of San Joaquin	Date 6/28/94	
<small>Under penalty of perjury, each person whose signature appears below, certifies and says: 1. He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf. 2. That he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true. 3. That no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made. (a) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for an creditor of transferor or to defraud or injure any creditor of transferor. 5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.</small>				
14. APPLICANT SIGN HERE				

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA		County of	Date
<small>Under penalty of perjury, each person whose signature appears below, certifies and says: 1. He is the licensee, or an executive officer of the corporate licensee named in the foregoing transfer application, duly authorized to make this transfer application on its behalf. 2. That he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and at location indicated on the upper portion of this application form, if such transfer is approved by the Director. 3. That the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor. 4. That the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.</small>			
16. Name(s) of Licensee(s)	17. Signature(s) of Licensee(s)	18. License Number(s)	
19. Location	Number and Street	City and Zip Code	County

Do Not Write Below This Line: For Department Use Only

Attached: ☐ Recorded notice,
☐ Fiduciary papers,

COPIES MAILED 6/28/94

☐ Renewal Fee of Paid at Office on Receipt No

COPY

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

1. TYPE(S) OF LICENSE(S)

FILE NO.

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

Stockton

RECEIVED Sale Beer & Wine

RECEIPT NO.

GEOGRAPHICAL
CODE 3902

Date
Issued

Temp. Permit

The undersigned hereby applies for
licenses described as follows:

2. NAME(S) OF APPLICANT(S)

WATERS, Jayne Lee

WATERS, James A.

Applied under Sec. 24044 ☐
Effective Date: Issuance

Effective Date:

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC.
TYPE

Per to Per

\$ 50.00

20

Renewal Fee

34.00

4. Name of Business
Freeway Shell

5. Location of Business—Number and Street
880 E. Victor Road

City and Zip Code
Lodi, CA 95240

County
San Joaquin

TOTAL

\$ 84.00

6. If Premises Licensed,
Show Type of License

7. Are Premises Inside
City Limits?

(Temp) (Perm)

8. Mailing Address (if different from 5)—Number and Street
4807 N. Sperry Road, Denair, CA 95316

9. Have you ever been convicted of a felony?

No

10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act? No

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

13. STATE OF CALIFORNIA

County of San Joaquin

Date 6/27/94

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County of San Joaquin

Date 6/27/94

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16. Name(s) of Licensee(s)

17. Signature(s) of Licensee(s)

18. License Number(s)

Donald E. Swim

X

20-114226

19. Location
same

Number and Street

City and Zip Code

County

Do Not Write Below This Line: For Department Use Only

Attached: ☐ Recorded notice,
☒ Fiduciary papers,
☐

COPIES MAILED

6/27/94

Renewal Fee of

Paid at

Office on

Receipt No